

County: St. Croix
AMERICAN HERITAGE CARE CENTER
425 DAVIS STREET

Facility ID: 1050

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HAMMOND 54015 Phone: (715) 796-2218
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 55
Total Licensed Bed Capacity (12/31/01): 55
Number of Residents on 12/31/01: 51

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 52

Corporation
Skilled
No
Yes
Yes
52

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.4
Supp. Home Care-Personal Care	No					1 - 4 Years		47.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		23.5
Day Services	No	Mental Illness (Org./Psy)	47.1	65 - 74	5.9			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	29.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.8	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/01)		
Other Meals	Yes	Cardiovascular	27.5	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	5.9		-----	RNs		6.7
Referral Service	No	Diabetes	5.9	Sex	%	LPNs		8.9
Other Services	No	Respiratory	3.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.8	Male	29.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	70.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi cal d (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	1	2.8	130	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Skilled Care	4	100.0	339	30	83.3	110	0	0.0	0	11	100.0	123	0	0.0	0	0	0.0	0	45	88.2
Intermediate	---	---	---	5	13.9	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	9.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		36	100.0		0	0.0		11	100.0		0	0.0		0	0.0		51	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	11.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	2.9	Bathing	11.8	64.7	23.5	51
Other Nursing Homes	20.0	Dressing	9.8	66.7	23.5	51
Acute Care Hospitals	48.6	Transferring	47.1	25.5	27.5	51
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	45.1	25.5	29.4	51
Rehabilitation Hospitals	0.0	Eating	76.5	3.9	19.6	51
Other Locations	17.1	*****				
Total Number of Admissions	35	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.9	Receiving Respiratory Care		2.0
Private Home/No Home Health	17.6	Occ/Freq. Incontinent of Bladder	37.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	31.4	Receiving Suctioning		0.0
Other Nursing Homes	11.8			Receiving Ostomy Care		0.0
Acute Care Hospitals	20.6	Mobility		Receiving Tube Feeding		2.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		19.6
Rehabilitation Hospitals	0.0					
Other Locations	11.8	Skin Care		Other Resident Characteristics		
Deaths	38.2	With Pressure Sores	2.0	Have Advance Directives		92.2
Total Number of Discharges (Including Deaths)	34	With Rashes	3.9	Medications		
				Receiving Psychoactive Drugs		52.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	94.5	82.7	1.14	85.1	1.11	84.3	1.12	84.6	1.12
Current Residents from In-County	94.1	82.1	1.15	80.0	1.18	82.7	1.14	77.0	1.22
Admissions from In-County, Still Residing	40.0	18.6	2.15	20.9	1.91	21.6	1.85	20.8	1.92
Admissions/Average Daily Census	67.3	178.7	0.38	144.6	0.47	137.9	0.49	128.9	0.52
Discharges/Average Daily Census	65.4	179.9	0.36	144.8	0.45	139.0	0.47	130.0	0.50
Discharges To Private Residence/Average Daily Census	11.5	76.7	0.15	60.4	0.19	55.2	0.21	52.8	0.22
Residents Receiving Skilled Care	90.2	93.6	0.96	90.5	1.00	91.8	0.98	85.3	1.06
Residents Aged 65 and Older	100	93.4	1.07	94.7	1.06	92.5	1.08	87.5	1.14
Title 19 (Medicaid) Funded Residents	70.6	63.4	1.11	58.0	1.22	64.3	1.10	68.7	1.03
Private Pay Funded Residents	21.6	23.0	0.94	32.0	0.67	25.6	0.84	22.0	0.98
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	47.1	30.1	1.56	33.8	1.39	37.4	1.26	33.8	1.39
General Medical Service Residents	9.8	23.3	0.42	18.3	0.54	21.2	0.46	19.4	0.51
Impaired ADL (Mean)	43.9	48.6	0.90	48.1	0.91	49.6	0.88	49.3	0.89
Psychological Problems	52.9	50.3	1.05	51.0	1.04	54.1	0.98	51.9	1.02
Nursing Care Required (Mean)	3.7	6.2	0.59	6.0	0.61	6.5	0.56	7.3	0.50